MAYFIELD VILLAGE REQUISITION

PO #: _____ REQ. #: 33130

VENDOR #: 1801 DEPT.: Service DATE: 6.2.15

VENDOR NAME: Gaulna's Inc

BILLING ADDRESS 1: _____

ADDRESS 2: _____

CITY, STATE, ZIP: _____

PHONE: _____ CONTACT: _____ TIN: _____

ITEM / SERVICE:

QUANTITY	UNIT	DESCRIPTION	PRICE/UNIT	AMOUNT
		D & I project		10,303.—
		Approved by D&I Committee June 1, 2015		

JUSTIFICATION OF NEED: _____

ACCOUNT #: _____ AMOUNT: 10,303.—

REQUESTED BY: Akrome

DEPT. APPROVAL: [signature]

MAYOR'S APPROVAL: _____

CLERK: _____ (Certification of Council Approval

FINANCE DIRECTOR INITIAL: _____ NOTES: _____

June 15
Council

PROPOSAL

ANSELMO'S INC.
12585 BUCKEYE DRIVE
CHESTERLAND, OHIO 44026
PHONE (440) 729-1824

DESCRIPTION OF JOB

Architect	Date of Plans 9-13-2012	
Job Drainage		
Address 6818 Bonnie View	State O	ZIP 44143
City May Village		
Phone up Dated	Date 6/1/15	

PROPOSAL SUBMITTED TO:

Mayfield Village Infrastructure Committee
6100 Som Center Rd
Mayfield Village, Ohio 44143

Revised from 9/30/13

WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR:

Installation of approx. 120' of 15" storm sewer and 104' of 18" storm sewer with 2' x 2' x 2' catch basins with grates.
Pipe to be bedded and covered with #57 lime stone.
Pipe to exit at headwall according plans.
Restore disturbed areas, seed & mulch

We hereby propose to furnish material and labor, complete in accordance with above specifications, for the sum of ten thousand three hundred three dollars ($ 10,303.00

with payment to be made as follows: 50% on first work day. Balance due upon completion.

All material is guaranteed to be as specified. All work is to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from specifications involving extra costs will be executed upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized Signature [signature]

Note: This proposal may be withdrawn by us if not accepted within 10 days.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____

Signature _____

Date of Acceptance: